V. S. No. 2
DM—9-4-41
Rev. 5-17-39
X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12970

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3797

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4-27-42 To 1 am to 6 pm (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Alexander

(c) City or town Cairo (If outside city or town limits, write "RURAL") N R

(d) Street No. 2002 Cedar St., (If rural, give location) O

(e) Citizen of foreign country? (Yes or No)

If yes, name country 9.

3. (a) PRINT FULL NAME Mr. Louis Emil Profilet

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Julia Wyman Porfilet

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased January 20, 1899 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
43	3	7	hr. min.

9. Birthplace Cairo (City, town, or county) / Illinois (State or foreign country)

10. Usual occupation Civil Service

11. Industry or business

FATHER
12. Name Louis Emele Profilet Sr.
13. Birthplace Natchez (City, town, or county) / Mississippi (State or foreign country)

MOTHER
14. Maiden name Emma Eisenberg
15. Birthplace Cairo (City, town, or county) / Illinois (State or foreign country)

16. (a) Informant Julia Profilet

(b) Address Cairo, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/28/42 (Month) (Day) (Year)

(c) Place: burial or cremation Cairo, Illinois

18. (a) Signature of funeral director Albert H. Hoppe Inc

(b) Address 4700 Washington Blvd.,

19. (a) [illegible] (Date received local registrar) (b) J. F. Friedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1942 hour 6 minute P M.

21. I hereby certify that I attended the deceased from 4-27 1 am, 1942, to 6 pm 4-27, 1942 that I last saw him alive on 4-27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia — Duration 1 wk

Due to ~~[illegible]~~ 1 wk

Due to

Other conditions Neck abscess (Include pregnancy within 3 months of death)

Cause of abscess not known

Major findings: Of operations ~~Br. pneumonia~~

Of autopsy Br. pneumonia

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. J. Miller (M. D. or other)

Address BARNES HOSPITAL Date signed 4/27/42

144 (Licensed Embalmer's Statement on Reverse Side)

OCT 17 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed G. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.